

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway - 21st Floor
New York, NY 10007-1866

Operator Project #	Postmark	Date Received	Notification
2016.0125.1894			
I. TYPE OF NOTIFICATION (O = Original / R = Revised) : Original			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER: 245 Fifth Owner, LLC c/o Columbus Property Management			
Address: 3 Columbus Circle, 23rd Floor			
City: New York	State: New York	ZIP: 10019	
Contact: Ms. Eileen Vahey	Tel: 212-808-4000		
REMOVAL CONTRACTOR: Environmental Maintenance Contractors, Inc.			
Address: 5 Anderson Lane			
City: Goldens Bridge	State: NY	ZIP: 10526	
Contact: Richard Stumbo	Tel: 914-232-7355		
Address: Same as above			
OTHER OPERATOR: NA			
Contact: NA	Tel: NA		
III. TYPE OF OPERATION (D = Demolition / R = Renovation) :			
IV. IS ASBESTOS PRESENT? (Yes/No): Yes			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Building Name:			
Address: 245 Fifth Avenue			
Address:			
City: New York	State: New York	County: Manhattan	
Site Location: Suite 1401			
Building Size:	SqMeter:	SqFt:	# of Floors: Age in Years:
Present Use: Commercial		Prior Use: Commercial	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed		Non-friable Asbestos Material not to be removed
		Category I	Category II
Pipes - Linear Feet			
Pipes - Linear Meters			
Surface Area - Square Feet			
Surface Area - Square Meters	1,600 Non Friable		
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) start: 2/3/16 Completion: 2/3/17			
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: Completion:			

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:****XII. WASTE TRANSPORTER #1**

Name: Tri-State Transfer Associate Inc.

Address: 1199 Randall Avenue

City: Bronx

State: NY

ZIP: 10474

Contact Person: Jimmy Byrne

Telephone: (718) 617-0771

WASTE TRANSPORTER #2

Name: NA

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: Minerva Enterprises, Inc.

Address: 8955 Minerva Road S.E.

City: Waynesburg

State: OH

ZIP: 44688

Telephone: (330) 866-3435

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name: NA

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Isolate, Assessment and Wet Cleanup

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).

Signature of Owner/Operator

1/20/16

Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature of Owner/Operator

1/20/16

Date